Evaluation Plan for the
New Jersey Comprehensive Cancer Control Plan
2012

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Introduction

New Jersey Executive Order 114 established the Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey (Task Force) on May 9, 2000. The Task Force developed the Comprehensive Cancer Control Plan (Plan), released by the Governor in January 2003, which focused on seven priority cancers (breast, cervical, colorectal, lung, melanoma, oral/oropharyngeal, and prostate) and dealt with overarching issues (such as palliation) and matters related to the future of cancer control and prevention in New Jersey. In December 2005, Assembly Bill No. 4071 and Senate Bill No. 2733 were enacted as Public Law 2005, chapter 280, by the NJ State Legislature officially establishing the Task Force as a mandated Governor's appointed body charged with developing and implementing a Plan and expanding the Task Force's reporting to the Legislature.

The Task Force delegated to the Evaluation Committee the preparation of biennial status reports, as well as an evaluation plan, on its behalf. The first biennial status report, mandated by the Executive Order, was submitted in December 2004. That report documents the development of the Plan and instruments for evaluating the status of key baseline data. A second biennial report was submitted in December 2006 to the Governor and Legislature. It provided a status update on progress on the reduction of cancer incidence and mortality or lack thereof, identified a need for additional resources to assist with reducing disparities, and reported accomplishments through the time period and recommendations for the future. A third report was submitted in December 2008 and we are now finalizing the fourth Governor's Status report, covering January 2009 to June 2012 progress.

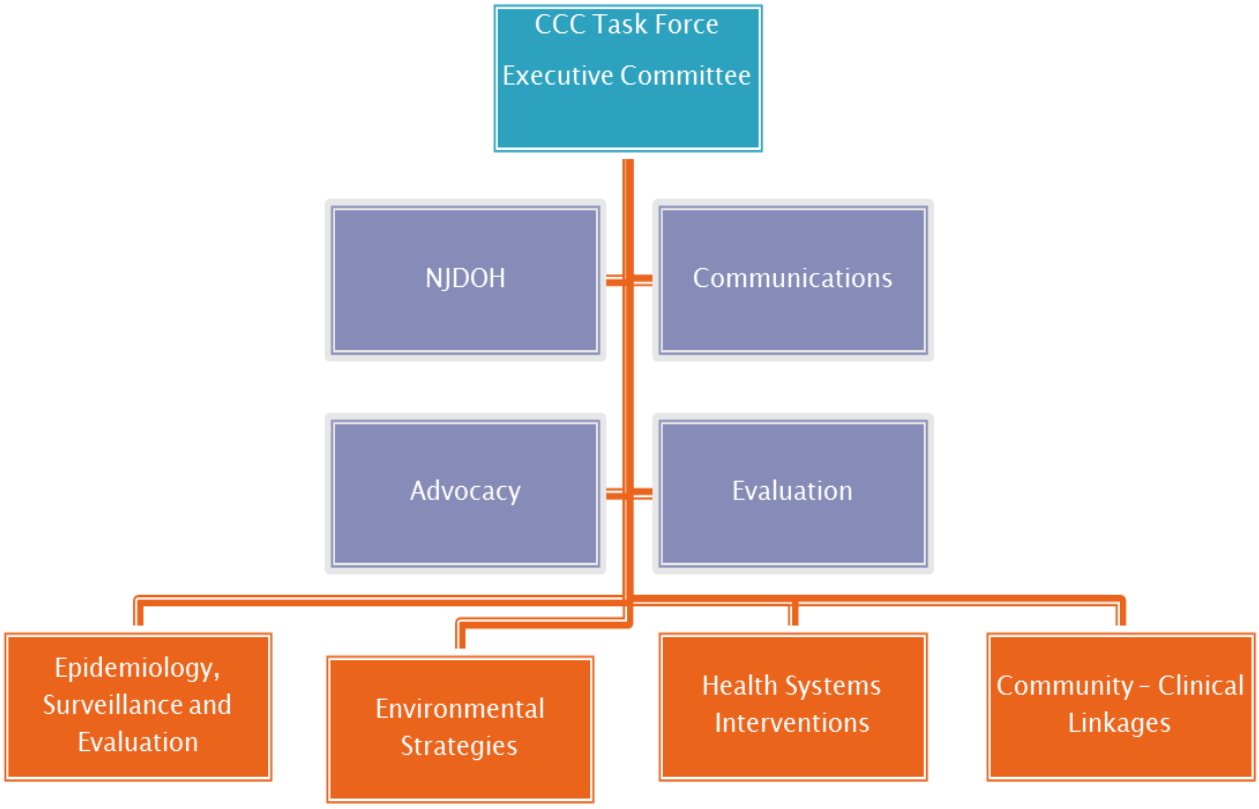
Owing to the large success of the first Plan, a second five-year Plan (2008-2012) was developed by the Task Force and approved by the Governor in December 2007. The Task Force and all Workgroups, Standing Committees, and County Cancer Coalitions were transitioned to work on the new Plan activities. Issues on access to care were folded into Advocacy; the Cervical Cancer Workgroup, now the Gynecological Cancer Workgroup, was expanded to include ovarian cancer; and a new Communications Standing Committee was established.

Under the new CDC DP12-1205 cooperative agreement, a third Plan will be developed by 2014, with strategies that cross to address disease and risk factors associated with cancer and recommendations to achieve large scale public health impact to reduce the burden of cancer in New Jersey.

In 2011, the Office of Cancer Control and Prevention (OCCP), merged with the NJ Cancer Education and Early Detection Program under the Chronic Disease Prevention and Control Program established within the newly named New Jersey Department of Health (NJDOH). The OCCP or now named Comprehensive Cancer Control (CCC) program is restructuring its 21 County Coalitions to 10 Regional Coalitions for increased evidence based efforts and more efficient use of resources to deliver outcome based deliverables. The Task Force will also restructure to function in settings, rather than separate site specific cancer work groups to increase advisory capacity and support increased screening and community interventions. The Evaluation Committee will remain in this structure to ensure evaluation activities continue at all

levels, particularly in implementing the third Plan and to enhance communication with our partners.

One potential organizational structure for the next Plan is depicted below:



While the CCC and its partners work on the revision of the third Plan, we are maintaining the outcomes listed below as delineated by the CDC DP12-1205.

2012-2017

1. **Demonstrate Outcomes through Evaluation to Improve Program Performance**

   - Allocate resources for program evaluation and convene an evaluation planning team led by a program evaluator who will coordinate with the other specialized program components of this FOA.

   - Develop an annual comprehensive evaluation plan that establishes specific, measurable and realistic short-term, intermediate, and long-term program objectives consistent with the purpose of this FOA. The evaluation plan should consider components identified in the CCCB Program Evaluation Toolkit.

   - Monitor, track, analyze, and report program data in a Management Information System. Data elements will be used to demonstrate program effectiveness.

- Implement program-led evaluation plan and utilize findings for program improvement.

- Participate in nationally coordinated evaluation activities that measure clinical, cost, policy and other outcomes.

- Develop and disseminate an annual evaluation report that outlines the implementation of the evaluation plan, key findings, and recommendations for program improvement.

- Over the five-year period of the cooperative agreement, develop and distribute at least four (4) unique dissemination documents created for stakeholders based on performance monitoring data, health assessment data, and other program-related information, including results of pre- and post-intervention data collection efforts. These documents may be briefing updates, reports, or manuscripts, and will be used to disseminate best-practices from this effort. Develop and disseminate at least one peer-reviewed manuscript based on evaluation data.

Performance will be measured by:

- Identification of a lead evaluator within 90-days post-award who will convene an evaluation planning team and lead program evaluation efforts.

- In subsequent years, performance will be measured by the extent to which the evaluation workgroup sustains program evaluation efforts through the project period; evidence that program uses the chronic disease Management Information System in an effective and timely manner; evidence that the program participates in nationally coordinated evaluation activities; evidence that the program developed and disseminated four (4) unique evaluation documents, including one manuscript published in a peer-reviewed journal; evidence of an approved evaluation plan within 120 days post- award covering specific, measurable, and realistic short-term, intermediate, and long-term program objectives consistent with this FOA.

The Task Force delegated to the Evaluation Committee the preparation of biennial status reports, as well as an evaluation plan, on its behalf. The first, second and third biennial status reports, mandated by the Executive Order and then by Public Law 2005, Chapter 280, were submitted in December 2004, 2006 and 2008. The next biennial report will be submitted by December 2012.

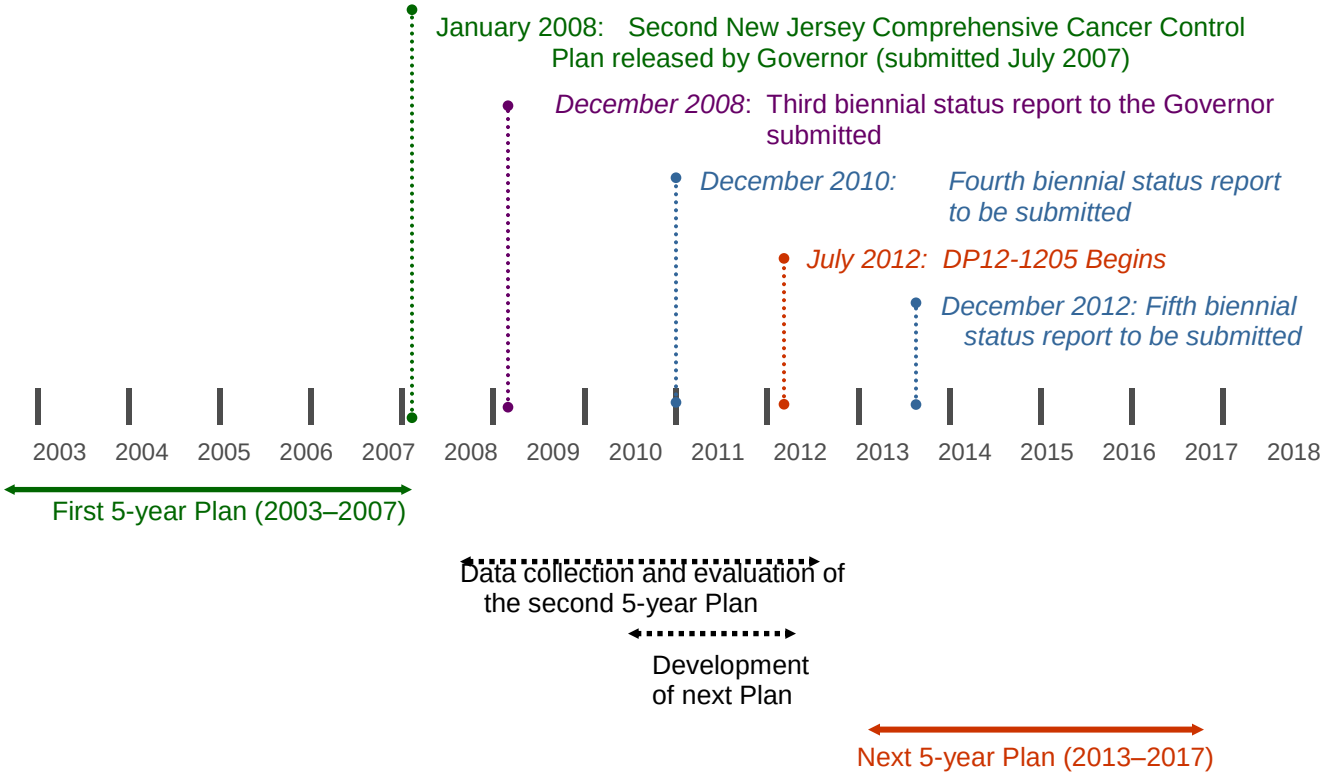
Evaluation Plan

The purpose of this document is to describe the objectives and measures that will be used to evaluate the newly planned interventions; Policy, Environmental and Systems (PES) change initiatives and evaluate the progress of the upcoming revised Plan (2012-2017). Among these are: the DP12-1205 CDC Action Plan the evolving CDC Performance Measures, the Communications Plan, the Regional Coalition activities, evaluation training for the Regional Cancer Coalitions and New Jersey Cancer Education and Early Detection (NJCEED) Coordinators, the status of the Healthy People 2010 measures relative to the objectives and developments with what is proposed for Healthy People 2020 in terms of how this might impact New Jersey.

The evaluation plan includes an overview of the timeframe and reporting of activities related to evaluation of the Plan as well as a description of the evaluation components and primary data that will be utilized in evaluation and their sources. Proposed evaluation questions, the source(s) for the data that will be used to answer each question or set of questions, the frequency of assessment for a particular section, and the lead organization responsible for each section are listed in the table at the end of this document. Materials developed for evaluation by the OCCP and the Evaluation Team (based at UMDNJ, School of Public Health, Department of Health Systems and Policy) will be reviewed by the Evaluation Committee. Outside consultant(s) may be utilized at the discretion of the OCCP, Evaluation Team, and/or Evaluation Committee.

Timeframe and Reporting

Activities and outcomes for the 2008-2012 Plan will be evaluated while preparation for the third Plan begins. The biennial report submitted in December 2012 will play a vital role in evaluating these activities. A summary of key findings will be developed, with a focus on those that may help develop further recommendations for program implementation and long-range planning.



Activities associated with this evaluation are related to the review processes for development of the subsequent five-year Plan. Thus, these activities will be integrated when feasible, as the timeframe for these will overlap, to optimize efficiency and minimize duplication of effort. However, a timeline for evaluating the next five-year Plan should be part of the next Plan, within the chapter on Evaluation.

Evaluation Components

Evaluation will be focused on three areas:[1]

(1) ***Context evaluation*** describes how the program functions within its environment, and can help identify strengths and weaknesses of the program and the effect of unanticipated and/or external influences on the program. This component of evaluation will consist of three major issues:
   a. Stakeholder assessment
   b. Assessment of collaboration among Workgroups and Coalitions
   c. Partnership with key stakeholders to identify gaps in cancer control-related programs.

(2) ***Implementation evaluation*** seeks to assess how well the program tasks are being performed relative to their specifications in the Plan. This component comprises primarily process evaluation and focuses on five major issues:
   a. Monitoring the implementation of New Jersey's Comprehensive Cancer Control Plan through the development and implementation of an annual evaluation plan to monitor progress at the state and county level.
   b. Biennial status reports to the Governor and Legislature
   c. Tracking capacity of local program evaluation efforts following development and implementation of evaluation training support for Regional Cancer Coalition and NJCEED coordinators.
   d. Evaluate process outcomes for working with the Office of Tobacco Control smoke free outdoor ordinance efforts
   e. Evaluating the outcomes for locally implemented Core Interventions and additional, acceptable evidence or practice based interventions.
   f. Monitoring any new developments that may impact either measures New Jersey should assess (e.g., new/emerging Healthy People/New Jersey 2020 objectives) or its capacity to track measures (e.g., changes in availability to access data or changes in data robustness).

(3) ***Outcome evaluation*** addresses progress toward the desired change in individuals, organizations, communities, and/or systems as a result of the program. The effectiveness of the program's activities is assessed. Some of the requested CDC outcome measures fall under short term outcomes and others measures under outcome evaluation.

   Short-term outcomes are addressed in the periodic reports submitted by the Task Force Workgroups and Committees, as well as the 10 Regional Cancer Coalitions. These reports will be reviewed and summarized with respect to issues related to cancer burden and whether there is evidence for improved access to information and other resources.

   In addition, given NJDOH support for certain screening programs, as well as Regional Cancer Coalitions efforts to promulgate them, short-term changes in the number of persons screened for breast, cervical, colorectal, and prostate cancer through those programs will be evaluated.

   Long-term outcomes: Key outcome measures of comprehensive cancer control efforts should include assessment of issues, such as whether cancer incidence and mortality have been reduced, as well as other targets contained in *Healthy New Jersey 2010* and

[1] W.K. Kellogg Foundation, Logic Model Development Guide. Battle Creek, MI: W.K. Kellogg Foundation, 2004, pp. 36–37.

2020 (adjusted for the 2000 standard population). For example, the impact of increased outreach through NJCEED programs and Regional Cancer Coalitions on these measures will need to continue to be addressed. Changes in population risk factor behaviors and cancer screening behaviors, as assessed through standardized measures such as the Behavioral Risk Factor Surveillance System (BRFSS), may begin to be discernable in coming years, but would be outside the timeframe for this current evaluation period (2013-2017). Nevertheless, assessment of these key behavioral outcomes is anticipated in evaluations following this current period. Interviewing of sufficient numbers of persons in the New Jersey Behavioral Risk Factor Survey (NJ BRFS) will be one of several critical factors in the ability to evaluate key behavioral outcomes, particularly for county-level or other regional analyses within the state.[2]

Below are some examples of questions that may be included in future evaluations:

- Are the health outcomes anticipated for each strategy being achieved?
- What progress toward cancer-related *Healthy New Jersey 2010* and *2020* objectives has been made?
- Are there other process outcomes designed to lead to improved health outcomes that should be assessed (such as improving public transportation or other issues for access to cancer education, screening, or treatment, or improving public knowledge of risk factors and screening recommendations)? This type of assessment would require the development of quantitative measures linking these activities specifically to improvements, which may be difficult, but its feasibility should nevertheless be assessed.
- Over time and with due attention to implications of screening and stage-shift bias, has incidence and mortality from cancer decreased?
- Over time, are health disparities relating to cancer among subpopulations reduced without adverse consequences and with widespread improvement?

The evaluation described above centers upon the Plan and its strategies and its implementation at the local and state levels and requires active engagement of its stakeholders to address them and appreciate the successes of the activities. Key partners were identified as “principal change agents” in the published Plan, new partners have been incorporated over time and included in the electronic version. Stakeholder assessment is now a routine activity of the Plan and represents a natural extension of the concepts proposed within the Plan. Thus, defining who has been involved so far as well as who else needs to be involved are important aspects of the overall evaluation.

Data Sources

Existing and new data sources will be used to help measure progress and success of implementation of the Plan. New data will be collected from January 2013 through December 2017. Some data, from as early as 2003, have been and will continue to be collected and may be used for evaluation. For example, CCC will continue to keep membership rosters and attendance records from Task Force, Workgroup, Standing Committees, and coalition meetings, as well as activity monitoring data, which will be used as part of this evaluation. Some data sources that will be utilized include:

- The internal monitoring program now updated for monitoring progress on the implementation of the Second Plan is an electronic database of the Plan goals,

[2] Loss of current state or federal funds for the NJ BRFS will adversely affect the ability to monitor cancer-related behavior changes at precisely the time we would anticipate seeing an impact on key behavioral outcomes of cancer initiatives.

objectives, strategies, target timelines, and key parties involved in implementation, jointly developed by OCCP with programmatic assistance from Battelle Memorial Institute, [Center for] Public Health Research and Evaluation and currently maintained by OCCP. This database will be revised to reflect the new objectives and strategies as well as collection of intervention and PES change efforts. This will enable tracking of progress toward these strategies and documentation of barriers and changes to timelines or key parties, and facilitates reporting on these status measures. The activity tool facilitates updates from the Workgroups, Standing Committees, and Regional Cancer Coalitions.

- Meeting evaluation forms, attendance records, and membership rosters for the various entities of the Plan (Workgroups, Standing Committees, and Regional Cancer Coalitions) will be analyzed for member satisfaction and areas for improvement.
    - Meeting evaluation forms include information on strengths and weaknesses of individual meetings conducted by the various entities.
    - Attendance records that have been maintained for each Workgroup or Committee meeting will be collated and assessed for regular attendance and diversity of its members.
    - Electronic membership rosters of the various entities will be collated into a master list to evaluate member diversity – based on each member's organizational affiliation and geographic location (county) and the categorization of the member's organization (government, community-based, academic, industry, practitioner, etc.) – and to determine what other types of organizations are under-represented.
- Several reports will be used to identify the development of new partnerships, progress toward Plan strategies by each group, and challenges to implementation. Regional Cancer Coalition reports are submitted to and maintained by the CCC and include quarterly grant progress reports, quarterly Narrative Report Summaries, as well as the stakeholder assessment matrix, annual self-needs assessment tool, and the annual CCC Site Visit Report . Action plans for all Workgroups are updated quarterly. Task Force reports consist of meeting minutes, which include Workgroup, Committee, and OCCP updates, and the biennial Status Reports to the Governor issued by the Evaluation Committee on its behalf. OCCP also prepares internal annual reports that are posted on its website. Evaluation Committee reports include meeting minutes and OCCP updates.
- To assist in the implementation and evaluation of the Plan, the Evaluation Committee determined that it was necessary to periodically update information originally collected at baseline with the latest available data. These include the following:
    - Updated county fact sheets for each county;
    - A standardized database of health care resources;
    - Mechanisms to systematically collect data to monitor the extent of progress and achievement;
    - And standardized methods to analyze cancer statistics (e.g., county incidence and mortality rates) and enable valid comparisons (e.g., the use of five-year average annual cancer incidence data for the periods: 1996 through 2000, 2000 through 2005 and 2005 through 2009).
- Partnership assessment surveys and interviews with partners will be conducted to assess the collaborative process and leadership for the NJ-CCCP.
- A revised coalition audit tool/site visit report will be developed to assess local implementation efforts.

Data that may also be useful:

- County- and state-level data on breast, cervical, colorectal, and prostate cancer screening conducted by the 21 NJCEED programs for the time period from 2001 on.
- County and state-level data from the New Jersey State Cancer Registry (NJSCR) and NJDOH Cancer Epidemiology Services, e.g., incidence, mortality, stage at diagnosis, and survival by comparing it with the baseline.

Evaluation Component and Proposed Evaluation Questions	Frequency of Assessment	Primary Data Sources*	Lead Organization
(1) Context Evaluation			
(a) Stakeholder Assessment			
(i) Partnership Self-assessment	Once every two years		OCCP
1) Do major partners (Task Force, Workgroup, Standing Committee, and Coalition members) feel the process is working well? 2) Are members satisfied with the process and communication? 3) Are there any additional barriers or challenges to implementation?		Coalition reports Interviews with partners Meeting evaluation forms Partnership assessment surveys	
4) Are meetings regularly attended and led in an efficient manner?		Attendance records Meeting evaluation forms	
5) Are new partnerships being developed to enhance the infrastructure for cancer control efforts?		Coalition reports Internal monitoring program Partnership assessment surveys Workgroup action plans	
(ii) Partner Representation	Once every year		OCCP
1) Are all groups on CDC's baseline list of partners involved? 2) Have gaps created by any members who have left the partnership been appropriately filled, preferably with persons from the same/similar organization? 3) Are all appropriate geographic regions represented by members? 4) What additional stakeholders need to be included?		Membership roster Interviews with partners Meeting evaluation forms	
5) Have particularly beneficial partnerships with specific types of organizations or industry groups been shared with other Coalitions?		Coalition audit tool Coalition reports Internal monitoring program	
(b) Collaboration among Workgroups and Coalitions	Once every two years		OCCP
1) How many and what types of partnerships across and among Workgroups and Coalitions have developed, including efforts that were recommended in either individual county C/NA or any of the related regional reports?		Coalition reports Internal monitoring program Partnership assessment surveys	
2) Has sharing of practices among Coalitions resulted in adoption of successful activities or tasks?		Coalition reports	
3) Do Workgroups and Coalitions feel collaboration has been sufficiently encouraged and supported, and the expertise of CCC and the Task Force accessible?		Interviews with partners Partnership assessment surveys	

* Please refer to Data Sources on pages 5-6 of this Evaluation Plan for a description of all data sources.

Evaluation Component and Proposed Evaluation Questions	Frequency of Assessment	Primary Data Sources*	Lead Organization
(c) *Partnership with key stakeholders to identify gaps in cancer –control related programs*			
1) Has there been collaboration with stakeholders to update and maintain current information on cancer control-related programs?	Quarterly Assessment	C/NA Clinical Resource Database of New Jersey NJ State Cancer Registry Stakeholder Assessment Evaluation Plan	CCC Staff Evaluation Committee CCCP Partners Task Force Workgroups County Cancer Coalitions
2) Have additional resources necessary to update cancer-related activities for New Jersey been identified and maintained?	Quarterly Assessment		
3) Has a stakeholder assessment tool to assess partner satisfaction, level of involvement and barriers or challenges to implementation been developed for implementation?	Annual		
4) Has a stakeholder database to assess the diversity of stakeholders based on geographic location and organization representation?	Annual		
(2) Implementation Evaluation			
(a) *Monitoring the implementation of New Jersey's Comprehensive Cancer Control Plan through the development and implementation of an annual evaluation plan to monitor progress at the state and county levels*		Evaluation Plan	Evaluation Team
1) Have CCC staff and Evaluation Team members collaborated with the Evaluation Committee to measure the effectiveness of the Cancer Coalitions in their prioritization and planning of activities?	Quarterly	Evaluation Committee Reports NJCEED BRFSS Process Evaluation Tool Coalition Stakeholder Assessment Matrix CCC reports Task Force Reports IMP CCC Evaluation Form	CCC Staff Evaluation Committee County Cancer Coalitions Task Force Workgroups
2) Has a process evaluation tool been developed and implemented that Cancer Collations utilize as a measure for quality improvement?			
3) Has there been collaboration with the Regional Cancer Coalition Coordinators implementing the Plan at the county level in addressing identified gaps?			
4) Is there documentation of support of the Regional Cancer Coalition Coordinators in applying CCCP strategies to the 10 respective regions?			
5) Has progress of the Workgroup and Cancer Coalition activities through the enhancement of the Internal Monitoring Program (IMP) been tracked?			
6) Have reports of findings of the Workgroup and Regional Cancer Coalition activities been shared with the Evaluation Committee and Task Force every six months?			

* Please refer to Data Sources on pages 5-6 of this Evaluation Plan for a description of all data sources.

Evaluation Component and Proposed Evaluation Questions	Frequency of Assessment	Primary Data Sources*	Lead Organization
7) What changes to these data sources/tools may be necessary to continue their utility in the future?	Biannual	Quarterly progress Reports	
8) Have changes to these data sources had any impact on the ability to measure changes in implementation activities?	Annual		
(*b). Monitoring the promotion of the Comprehensive Cancer Control Plan by assessing the successes of its Communications Plan*			
1) Has a Task Force Communications Standing Committee been established?	Quarterly Assessment	IMP Clinical Resource Database of New Jersey Quarterly Progress Report	CCC Staff Evaluation Committee NJ Library Systems Cancer Coalitions Task Force OIT CCC Staff Task Force Workgroups Regional Cancer Coalitions
2) Have cancer resources been disseminated through an enhanced CCC website?			
3) Have community organizations and systems who target at risk populations to develop linkages to the Plan and the CCC website been identified and established as partners?			
4) Are consumer friendly, geo-coded versions of cancer-related resources and activities for the CCC website being developed and implemented?			
5) Has translation of comprehensive cancer control related materials into appropriate languages been investigated?			
6) Have materials been distributed to the public through the Regional Cancer Coalitions and the CCC website?			
7) Have programs, resources, and cancer-related activities through such means as a newsletter and/or annual conference been shared with stakeholders and other interested partners?			
i. Has a newsletter which will disseminate the activities of the Workgroups and the Regional Cancer Coalitions been developed and disseminated?	Biannual		
(ii) Has at least one conference annually been hosted which has featured the Comprehensive Cancer Control Plan?	Annual		

* Please refer to Data Sources on pages 5-6 of this Evaluation Plan for a description of all data sources.

Evaluation Component and Proposed Evaluation Questions	Frequency of Assessment	Primary Data Sources*	Lead Organization
(c) Tracking capacity of local program evaluation efforts following development and implementation of evaluation training support for Regional Cancer Coalition and NJCEED coordinators.			
1) Have at least three evaluation training programs been offered to Coalition and NJCEED coordinators?	Quarterly		UMDNJ-SPH Evaluation Team CCC staff NJCEED Cancer Coalitions
2) Have submitted training evaluation findings submitted by the Coalition and NJCEED coordinators become more systematic and useful for feeding the information back into programming?			
(d) Monitoring any new developments that may impact either measures New Jersey should assess (e.g., new/emerging Healthy People 2020 objectives) or its capacity to track measures (e.g., changes in availability to access data or changes in data robustness).			
1) Have any new cancer-related objectives been proposed for Healthy People 2020 that New Jersey should consider tracking?	Biannual	NJCEED Screening Data	CCC staff
2) If so, has New Jersey begun to track these measures?	Annual	NJBRFS	Evaluation Team
3) Have data sources relevant to New Jersey's ability to track measures (e.g., New Jersey State Cancer Registry, BRFSS, New Jersey Behavioral Risk Factor Survey) remain accessible and robust? (e.g., Do sample sizes for the NJBRFS remain sufficiently large to produce comparisons at the county levels?)	Quarterly	BRFSS	
(3) Outcome Evaluation			
(a) Breast, cervical, colorectal, and prostate cancer screening			
1) What trends, if any, are detectable in breast, cervical, colorectal, and prostate cancer screening since the inception of the Plan?	Annual	NJCEED BRFSS NJBRFS	NJCEED CCC Evaluation Team Coalitions Workgroups Task Force
2) What factors, if any, that influence or limit screening have been identified by NJDOH, the Regional Cancer Coalitions, the Workgroups, or the Task Force?			
(b) Monitoring changes in trends in incidence, mortality, stage at diagnosis, and survival for breast, cervical, colorectal, prostate, oral, melanoma, lung and ovarian cancers			

* Please refer to Data Sources on pages 5-6 of this Evaluation Plan for a description of all data sources.

Evaluation Component and Proposed Evaluation Questions	Frequency of Assessment	Primary Data Sources*	Lead Organization
1. Over the five-year Plan from baseline, for each of the identified cancers, what changes (if any) in trends can be noted in each of these cancers for the following: (i) Incidence? (ii) Mortality? (iii) Stage at diagnosis? (iv) Survival?	Baseline-Five Years, then Five Year Comparisons	NJSCR	CCC Staff Evaluation Team
2. How do these measures compare with those objectives set forth in Healthy People/Healthy New Jersey 2010? Healthy People/Healthy New Jersey 2020?	Annual	Healthy People, Healthy New Jersey Series BRFSS	CCC Staff Evaluation Team

* Please refer to Data Sources on pages 5-6 of this Evaluation Plan for a description of all data sources.